## **2012 Health Premiums and Contributions**

Effective 1/1/2012

## **Ambulance Operator**

Plan	Tier	Monthly Premium	Employer Monthly Contrib	Employee Monthly Contrib	Employee Bi-Weekly Contrib
Kaiser	Single	415.56	368.81	46.75	21.58
	Two-Party	910.19	368.81	541.38	249.87
	Family	1,196.77	368.81	827.96	382.14
Blue Shield HMO	Single	548.62	368.81	179.81	82.99
	Two-Party	1,196.76	368.81	827.95	382.13
	Family	1,548.72	368.81	1,179.91	544.57
Blue Shield PPO	Single	628.68	368.81	259.87	119.94
	Two-Party	1,329.08	368.81	960.27	443.20
	Family	1,647.20	368.81	1,278.39	590.03
Delta Dental PPO	Single	64.91	25.77	39.14	18.06
	Two-Party	121.23	25.77	95.46	44.06
	Family	159.79	25.77	134.02	61.86
Delta Care HMO	Single	26.54	25.77	0.77	0.36
	Two-Party	45.12	25.77	19.35	8.93
	Family	69.01	25.77	43.24	19.96
VSP	Single	23.87	0.00	23.87	11.02
	Two-Party	23.87	0.00	23.87	11.02
	Family	23.87	0.00	23.87	11.02

City's contribution matches 100% of the cost of the least expensive HMO plan for medical and dental for employee.